



GREENE COUNTY HEALTH DEPARTMENT  
217 East Spring Street, Suite #1  
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### APPLICATION FOR CERTIFIED COPY OF DEATH

DEATH RECORDS FOR GREENE COUNTY, INDIANA BEGIN IN 1893.

APPLICANT MUST SHOW PROOF OF IDENTIFICATION. MAIL ORDERS MUST BE ACCOMPANIED BY A PHOTOSTAT COPY OF DRIVERS LICENSE OR OTHER VALID IDENTIFICATION. NO DEATH CERTIFICATE WILL BE ISSUED WITHOUT PROPER IDENTIFICATION.

PLEASE COMPLETE ALL ITEMS BELOW.

NAME OF DECEASED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ COUNTY DEATH: \_\_\_\_\_

PURPOSE FOR WHICH THIS RECORD IS TO BE USED: \_\_\_\_\_

YOUR RELATIONSHIP TO DECEASED: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE INDICATE NUMBER OF COPIES REQUESTED.

\_\_\_\_\_ CERTIFIED COPY \$10.00 EACH

☐ Please check box if you would like us to call you to pay by debit/credit over the phone (Mail orders only)

NO PERSONAL CHECKS ACCEPTED. CASH, MONEY ORDER, AND DEBIT/CREDIT CARDS ACCEPTED.

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#### FOR OFFICE USE ONLY

LOCAL # \_\_\_\_\_

SFN # \_\_\_\_\_

FILED \_\_\_\_\_

CERT. # \_\_\_\_\_

CLERK \_\_\_\_\_